SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO.

EXAMINER

ART UNIT   PAPER NUMBER

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☐ A. Filing Fees due upon filing the application   103 $18
                                                  102 $84

     Total Filing Fees Due   = $_____   for claims

     Less Filing Fees Submitted   - $(_____)

     BALANCE DUE   = $ __102__

☐ B. Fees due in connection with the amendment filed on _____

     Total Fees Due   = $_____

     Less Fees Submitted   - $(_____)

     BALANCE DUE   = $_____

ATTACHMENT: FORM PTO-875

_____
Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted $_____   Signature _____

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:

Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date)_____

Print Name:

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	*40*	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	*40* minus 20=	* *20*
INDEPENDENT CLAIMS	*4* minus 3 =	* *1*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
	BASIC FEE	370.00	OR	BASIC FEE	740.00
	X$ 9=		OR	X$18=	*360*
	X42=		OR	X84=	*84*
	+140=		OR	+280=	—
	TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	X$ 9=		OR	X$18=	
	X42=		OR	X84=	
	+140=		OR	+280=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	X$ 9=		OR	X$18=	
	X42=		OR	X84=	
	+140=		OR	+280=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	X$ 9=		OR	X$18=	
	X42=		OR	X84=	
	+140=		OR	+280=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.